School Refusal Behaviour

School Psychologists' Association (SPA) Conference
25th September 2015

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Session Content

- Definitions & Descriptions
- Assessment
- Intervention
  - Child
  - Parent
  - School

Definitions
&
Descriptions

Absenteeism

- Legitimate or illegitimate absence from class or school.
- Illegitimate absence may be parent- or child-motivated.
  - Parent-motivated = parent deliberately withholds a child from school (*School Withdrawal*)
  - Child-motivated = when the child is the driving force behind nonattendance (*Truancy, Drop-out, School Refusal, School Phobia, Separation Anxiety*)

Child-motivated absence

- **Truancy** – Illegal absence from school without parental knowledge
- **Drop-out** – Premature and permanent departure from school before graduation
- **School Refusal** – Anxiety-based absenteeism
- **School Phobia** – Fear-based absenteeism
- **Separation Anxiety** – Excessive worry and difficulty separating on the part of the child and possibly the parent

Differential 'Diagnosis'

Truancy

- Lacks anxiety or fear
- Child conceals absence from parent
- Frequent antisocial behaviours
- Not usually at home during school hours
- Lacks interest in schoolwork

School Refusal (anxiety)

- Emotional distress
- Parents aware of absence
- Absence of antisocial behaviours
- Usually stays at home during school hours
- Child usually willing to do schoolwork

‘Diagnosis’

- **SR** is significantly associated with anxiety disorders and depression.
  - Children often present with anxiety symptoms (esp. separation anxiety).
  - Adolescents have symptoms associated with anxiety and mood disorders. (esp. social phobia)
- **Truancy** is significantly associated with disruptive behaviour disorders and depression.

Egger et al., (2003) community sample 165 w/anxiety based SRB and 517 w/truancy based SRB (ages 9 - 16):

Pure Anxious SR (total with a diagnosis = 24.5%):

Depression (13.9%), Separation anxiety (10.8%), ODD (5.6%), CD (5%)

Pure Truant SR (total with a diagnosis = 25.4%):

CD (14.8%), ODD (9.7%), Depression (7.5%), Substance abuse (4.9%)

Mixed SR (total with a diagnosis = 88.2%):

75% had biological parent treated for mental illness.


YOU LOOK KIND OF DEPRESSED, CHARLIE BROWN
I WORRY ABOUT SCHOOL A LOT...
I ALSO WORRY ABOUT MY WORRYING SO MUCH ABOUT SCHOOL..
MY ANXIETIES HAVE ANXIETIES
SCHULZ

Presenting Symptoms

- Expressing fearfulness
- Pleading not to attend
- Clinging onto parent
- Tears /Crying /Sobbing
- Tantrums – screaming, kicking
- Threats of self-harm

- Somatic symptoms
  - Headaches
  - Stomach-ache (butterflies)
  - Nausea
  - Vomiting
  - Diarrhoea
  - Dizziness
  - Shaking/trembling
  - Sweating
  - Difficulty breathing
  - Chest pain
  - Palpitations

Presenting Symptoms

Occurs along a continuum of school attendance.

Students may:

- Be entirely absent from school.
- Attend school initially but leave during the course of the day.
- Enter school with severe behaviour problems (clinging, crying, tantrums, refusal to move, or running away).
- Remain at school but in a distressed state or under great duress.

Epidemiology & Etiology

- Approximately 1-5% of all school aged children have SR.
- The rate is similar between boys and girls.
- No socioeconomic differences noted.
- It occurs across all ages; however it more typically occurs in children aged 4-7years and in those aged 11-14years.
- Onset can be gradual or acute.
- Stressful events at home or school, or with peers may cause SRB.
- Symptoms may begin after an illness (their own or a family member).
- Problems with family functioning (family interactions) contribute to SR in children.

Non attendance

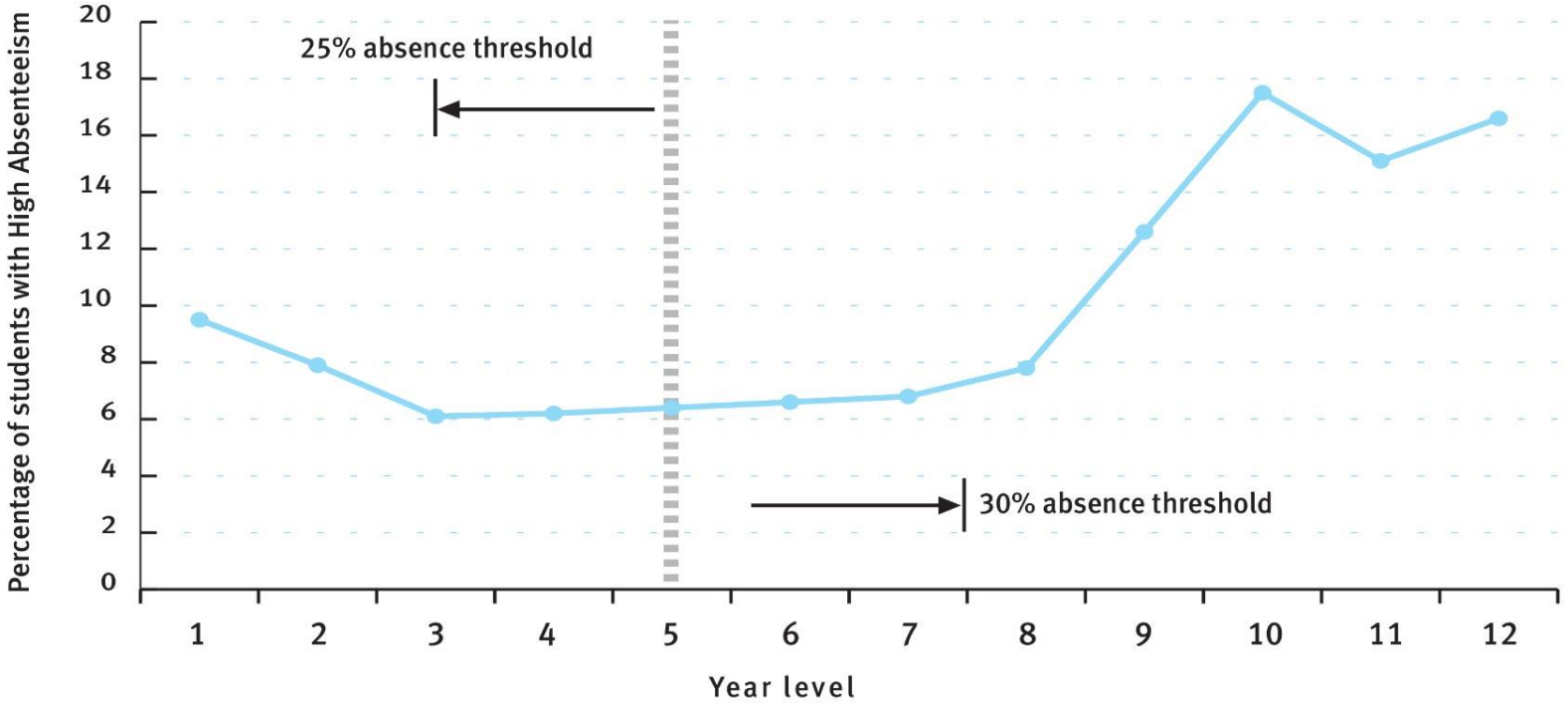


Figure 1. Students with High Levels of Absenteeism across Primary and Secondary School

* Based on data from 3 YES primary schools and 6 high schools (4 YES high schools + 2 additional high schools)

Ref: McLaughlin, R & Peace, D. (2006)

Common Precipitants –

Source: www.med.monash.edu (based on 41 SR cases)

Bullying	32%
Transition to high school	29%
Legitimate absence due to illness	29%
Family stress	15%
Academic problems	12%
Illness in others	10%
Traumatic life event	7%
Parent returning to work	7%
Fear/difficulties with teacher	7%
Change of school within yr	7%
Divorce/separation	5%

Elements regularly associated with SR

Source: Community Connections (Feb 2009); School refusal scoping study, and Fremont (2003). SR in Children & Adolescents. *American Family Physician*, 68(8), 1555-1561

- Anxiety
- Parental anxiety
- Complex family problems
- Bullying
- Learning difficulties and/or academic demands and pressures

Complications
- Family Systems

- Family Dynamics
  - Conflictual
  - Enmeshed (over-involved)
  - Isolated (reclusive)
  - Detached (uninterested)
- Difficult Parents
  - Combative
  - Dismissive
  - Confused

Ref: Kearney, C. & Silverman, W. (1995). Family environment of youngsters with school refusal behavior: A synopsis with implications for assessment and treatment. *The American Journal of Family Therapy*, 23(1), 59-72.

Complications

- Contextual Variables

- Homelessness
- Poverty
- Pregnancy
- School Violence and Victimization
- School Climate
- Drug/Alcohol Use
- Chronic illness and medical conditions
- Parent Involvement

4 variables causing or maintaining SRB

1. Avoidance of *fear-evoking stimuli* in school setting.
2. Escape from adverse *social* / evaluative situations (e.g uncomfortable peer interactions, taking tests, giving an oral presentation).

AVOID

3. To receive *attention* from significant others outside of school.
4. To pursue *tangible reinforcement* outside of school (engage in more desirable activities).

GET

Impact of Non attendance

Time Missed per:	90% Attendance	80% Attendance	70% Attendance
Fortnight	1 day	2 days	3 days
Term	1 week	2 weeks	3 weeks
Year	4 weeks	8 weeks	12 weeks
13 Year Period	1 school year + 12 weeks	Over 2½ school years	Almost 4 school years

Consequences of SRB

- The longer the child is out of school the greater the risk of longer term consequences such as:
  - poor academic performance
  - impaired social functioning
  - increased risk of substance abuse
  - Increased risk of mental health problems.

Prognosis

- The longer the child is out of school the greater the risk of longer term consequences such as impaired social functioning and increased risk of substance abuse and mental health problems.

- The outcome is best in younger children and those that have been out of school for a short time

Regardless of the initial causes of SRB,

the reduction in anxiety associated with avoidance

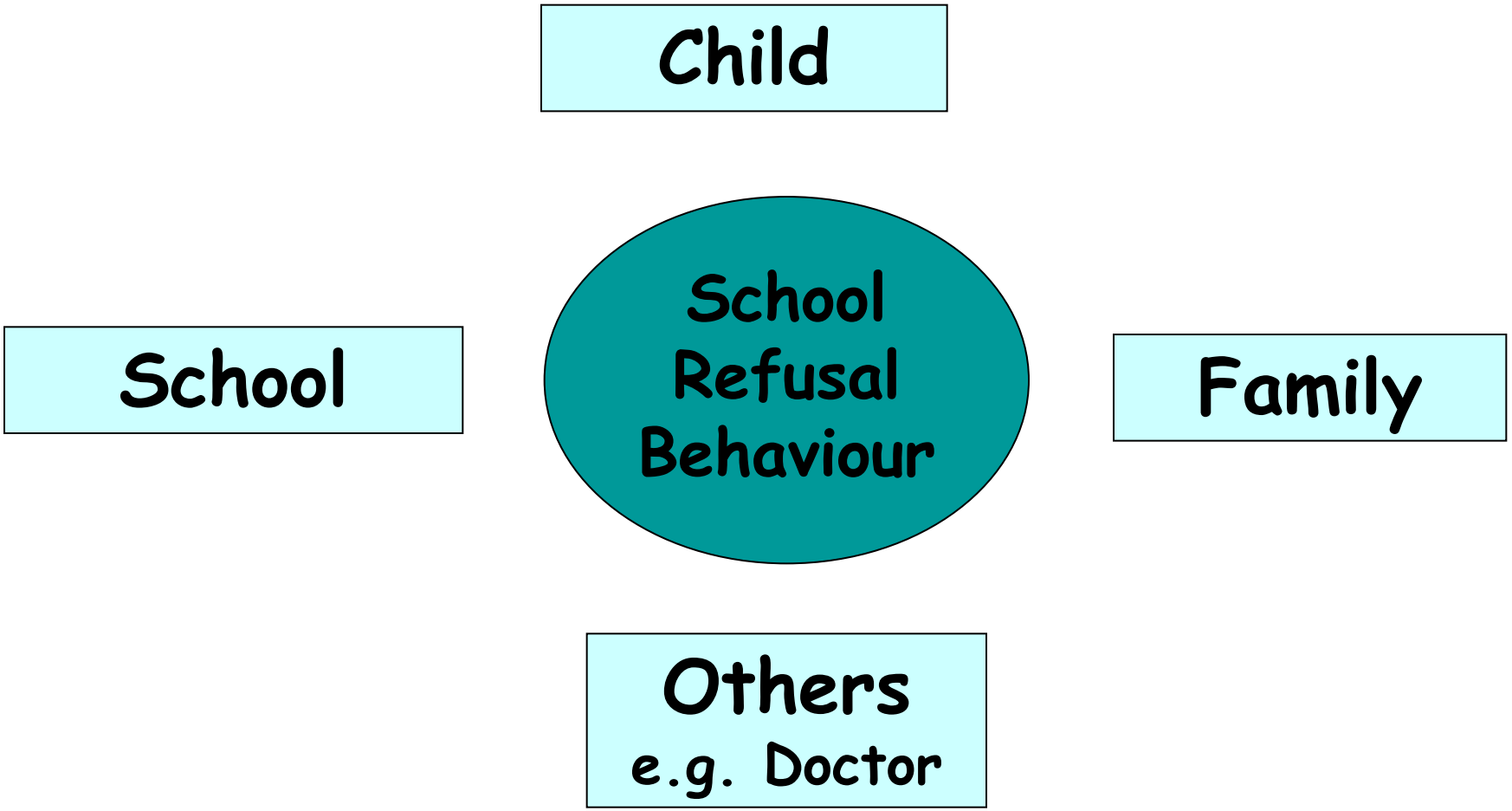
and / or

the positive reinforcement received for staying at home

become powerful motivating conditions for the child to continue to refuse school.

Assessment

Assessment: Multi-source



Assessment: Multi-method

- Reviewing school records
- Monitoring attendance, behaviour & distress
  - Self-monitoring, record sheets
- Interviews
- Behavioural Observation, FBA
- Questionnaires / surveys
- Formal testing (e.g. anxiety and depression questionnaires; cognitive and academic assessment)

Assessment: Anxiety

Universal

- Behavioral Assessment Scale for Children, Second Edition (BASC-2)
- Child Behaviour Checklist (CBCL)
- Clinical Assessment of Behaviour (CAB)

Narrow

- Revised Children's Anxiety Scale, Second Edition (RCMAS-2)
- Beck Anxiety Inventory for Youth (BAI-Y)
- Spence Children's Anxiety Scale
  - http://www.scaswebsite.com/

Assessment: Anxiety

Narrow cont..

- Screen for Child Anxiety Related Disorders (SCARED)
  - http://www.psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Parent.pdf

http://www.centreforemotionalhealth.com.au/pages/questionaire-child-and-adolescent-survey.aspx

- Children's Automatic Thoughts Scale (CATS)
- School Anxiety Scale - Teacher Report (SAS-TR)
- Preschool Anxiety Scale Revised (PASR) *Childhood Concerns Survey*

Assessment: Self-reports

- **The School Refusal Assessment Scale - Revised (SRAS-R)**

  Provides information on the extent to which children refuse school by virtue of negative or positive reinforcement (functional analysis of SRB).

- **Self-efficacy Questionnaire for School situations (SEQ-SS)**

  Provides information on the child's perceived ability to cope with anxiety-provoking situations in the school setting.

Updated Version: SEQ-SS-25

contact: http://www.adolescentdevelopment-leidenuniversity.nl/ or heyne@fsw.leidenuniv.nl

Assessment – Case Formulation

Assessment

Case formulation

Intervention

Multi-source and Multi-method

Qualitative and Quantitative information

Identify 4P's

- Development of problem (predisposing and precipitating)
- Maintenance of problem (perpetuating)
- Positive qualities to draw upon (protective)

Clarify Core Problem

- Form = exactly what the student does (behaviours and patterns). Onset and duration. Severity and intensity.
- Function = what purpose does the behaviour serve? (Get / Avoid)

-> Hypothesis

Interventions

Early Intervention

The most important piece of advice is that in the absence of any obvious physical problems, parents should not let their children stay home from school!!

Intervention

Long-Term Goals:

- Regular school attendance
- Alleviate psychiatric disturbance (anxiety) associated with school attendance.

Interventions

1. School Systems Level

2. Individual Level
- Child
- Parent
- School

Interventions – School / Systems Level

Attendance Policy

- Clear expectations about student attendance
- Monitoring and screening for attendance problems

Transition Planning

Promote Student Engagement

- Relevant, flexible and engaging curriculum

Create Positive School Climates

- Including SEL curriculum and bullying prevention

Promote School – Family partnerships

Ref: McLaughlin, R & Peace, D. (2006)

Intervention – Individual Level

Key Strategies:

- Medical examination to rule out illness
- Parental involvement
- Exposure to school / Engagement with school
- Clear plan for school return

Multi-modal plan, may include:

- Education
- Behavioural strategies
- Cognitive-behavioural strategies
- Family interventions
- Pharmacological interventions

TREATMENT COMPONENTS FOR EACH FUNCTION OF SCHOOL REFUSAL BEHAVIOR [1]

Function or Reason	Treatment Components
Avoidance of fear-evoking stimuli in school setting. Avoidance of negative affect (Sadness, the blues, fears, generalized anxiety and worry, separation anxiety, various phobias)	▪ Somatic management skills such as breathing retraining or progressive muscle relaxation training ▪ Gradual reintroduction (exposure) to school ▪ Self-reinforcement and building self efficacy
Escape from aversive social and evaluative situations (Social phobia, test anxiety, public speaking fears, shyness, social skills deficits)	▪ Cognitive restructuring of negative self-talk ▪ Role play practice ▪ Graded exposure tasks involving real-life situations ▪ Social skills training and problem-solving skills training ▪ Building coping templates
Receive attention from significant others Attention-seeking behaviour (Tantrums, crying, clinging, separation anxiety)	▪ Parent training in contingency management ▪ Changing parent commands ▪ Establishing routines ▪ Use of rewards and consequences for school attendance and school refusal ▪ Forced attendance, if necessary and under special circumstances
Pursue positive tangible reinforcement (Lack of structure or respect for house rules and responsibilities, free access to reinforcement, disregard for limits)	▪ Contracting with parents to increase incentive for school attendance ▪ Curtail social and other activities as a result of non-attendance ▪ Provide the family with alternative problem-solving strategies to reduce conflict ▪ Communication skills and peer refusal skills are also sometimes added to this process

Child - Interventions

Treatments include:

- Exposure to school
  - imaginal & in vivo - systematic desensitization;
- Relaxation training
  - Imagery, progressive muscle relaxation, breathing retraining
- Social skills training
- Cognitive behaviour therapy (CBT)
  - Psychoeducation and anxiety management
- Contingency management

Website www.anxietybc.com/anxiety-PDF-documents

Exposure

- ‘Imaginal’ – confronting situation through imagination, recalling situation through verbally describing the emotional details of feared situation
- ‘In Vivo’ – facing situation through physically confronting feared situation

Rapid vs Gradual return

Social Skills Training

- Answering questions re: absence
  - Brainstorm possible responses
  - Combine with cognitive therapy
  - Practice through role-play
- Assertiveness
- Dealing with bullying
- Joining in with a group
- Inviting a friend to do something

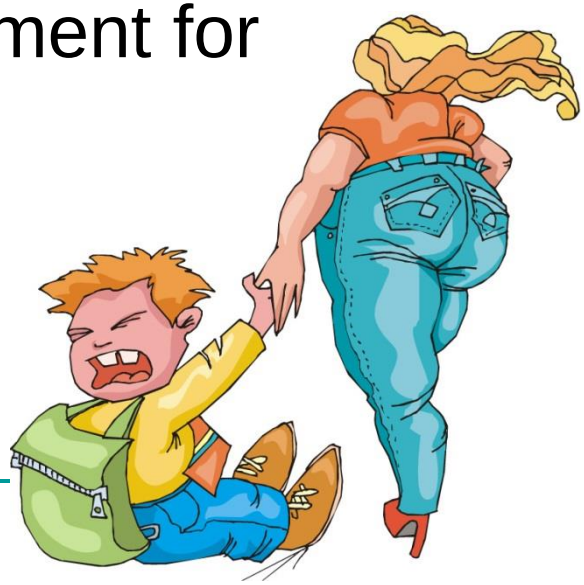
Parent - Interventions

KEYS POINTS:

- Parental involvement is critical in enhancing the effectiveness of interventions.
- Immediate consultation with a physician needs to occur to exclude any physical illness and give reassurance about fitness for school.
- Parents need to work together and agree on a firm and consistent (united) approach.
- Clear expectations that the child will attend school.
- There needs to be good communication with the school.

Parents may need to be given specific strategies on:

- Getting the child to school
- Providing positive reinforcement for school attendance
- Decreasing positive reinforcement for staying home



What parents can do

- Listening to their child's concerns and fears about going to school. But planned ignoring of psycho-somatic complaints.
- Believing that their child will get over this problem.
- Establishing morning routines.
- Firmly getting the child to school regularly and on time.
- Shifting attention from school non-attendance toward attendance.
- Returning them promptly after any absence.
- Not prolonging goodbyes.
- Reassuring the child that they will be there upon the child's return from school. Be reliable and on time.

Schools – Interventions at the Individual Level.

- In conjunction with parent/s establish a plan (common agreement) for the child's return.
  - The child's return may need to be in small steps with consolidation of success at each stage. Monitor and review along the way.
- Encourage parents to take a firm and consistent line over keeping to the plan.
  - The child's distress is likely to increase in the beginning and needs to be managed calmly and praise given when the child succeeds.

Preparing and planning for students return to school.

Key Components:

- Arrival & separation from parent
- Dealing with psychosomatic complaints
- Dealing with tantrums / running away
- Social & Curriculum engineering
- Rewarding school attendance and ‘consequences’ for non attendance
- Monitoring and reviewing

School Attendance Plan

Arrival and Separation from parent:

- School attendance is non-negotiable.
- Determine a ‘drop-off’ or ‘hand-over’ location (it may need to be secure to prevent escape).
- Have a nominated staff member/s greet the student.
- Parent says goodbye and leaves immediately.
  * Parent may need script or coaching to do this assertively.
- A reassuring phone call to the parent after separation is often welcomed!

School Attendance Plan

Dealing with psychosomatic complaints / tantrums:

- Use of a “calm down” area/activity may assist the student to regroup before going to class.
- If the student won’t return to class then an alternative timetable needs to be arranged.

School Attendance Plan

Dealing with running away:

- Low key monitoring – don't chase, disengage and allow student to calm.
- Approach the student with clear statements of options
- If the child leaves, contact parents
- Parent is to return them promptly, with minimal conversation.

School Attendance Plan

Social and Curriculum Engineering:

- Use of peers for distracting or engaging and social support for re-entry to classroom.
- Manipulating timetable to entice and engage student.

School Attendance Plan

Rewards and consequences for school attendance:

- Setting up a rewards schedule for school attendance.
- Organising for home environment to be non-rewarding if student remains at home.

School Attendance Plan

Monitor and review:

- Avoid increasing expectations too early.
- Reset ‘goal posts’.
- Promoting a coping approach.
- Big picture = getting to school each day / increasing school attendance.
- Collaboration between all parties involved
- School-wide policy on attendance; monitoring, identifying, responding.

- If physical problems have been ruled out and the SRB is continuing, then an evaluation by a mental health specialist may be required.

Medications

- Pharmacologic treatment should not be used as the sole intervention – it needs to be used in conjunction with behavioural or psychotherapeutic interventions
- SSRI's (selective serotonin reuptake inhibitors) are used in the treatment of anxiety and depressive disorders in children and adolescents.

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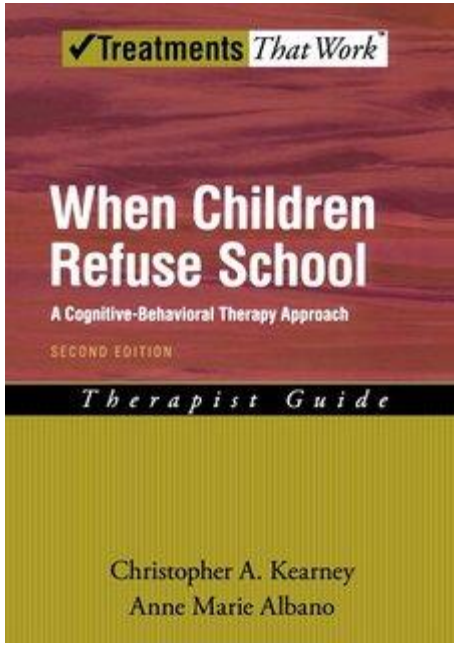
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When Children Refuse School
A Cognitive-Behavioral Therapy Approach
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Therapist Guide
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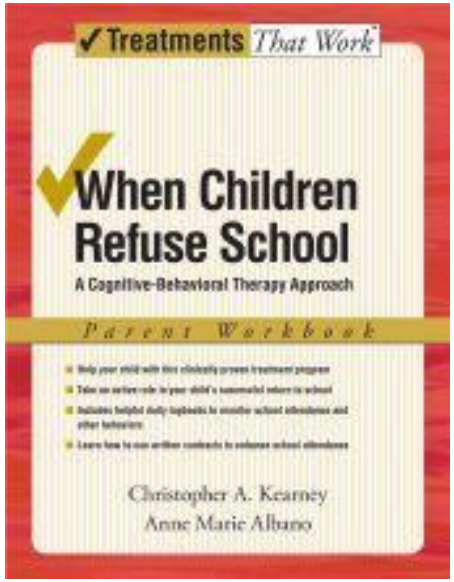
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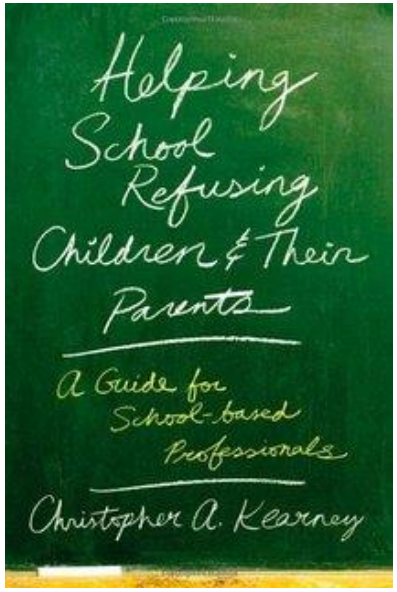
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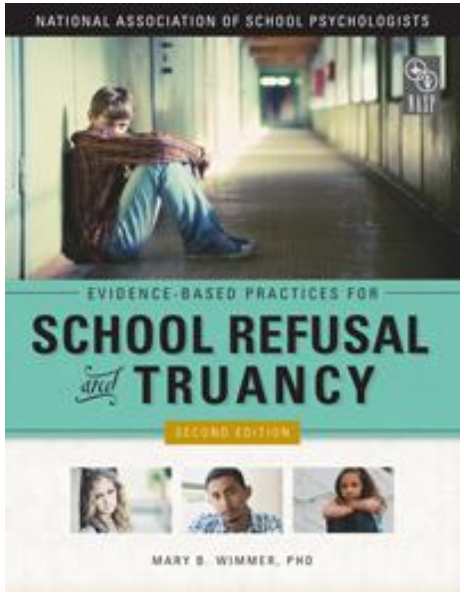
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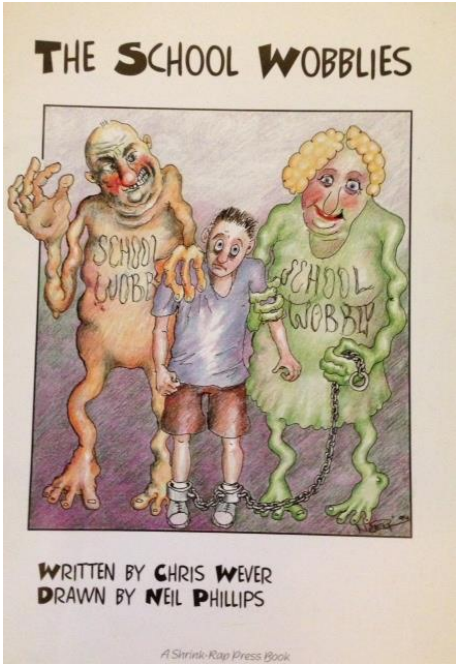
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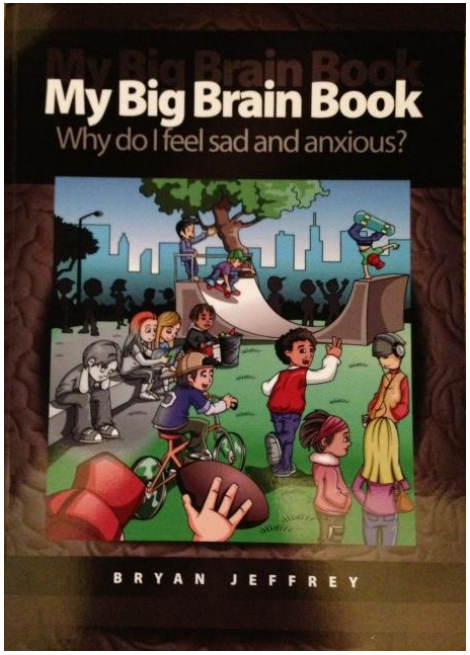
My Big Brain Book
Why do I feel sad and anxious?
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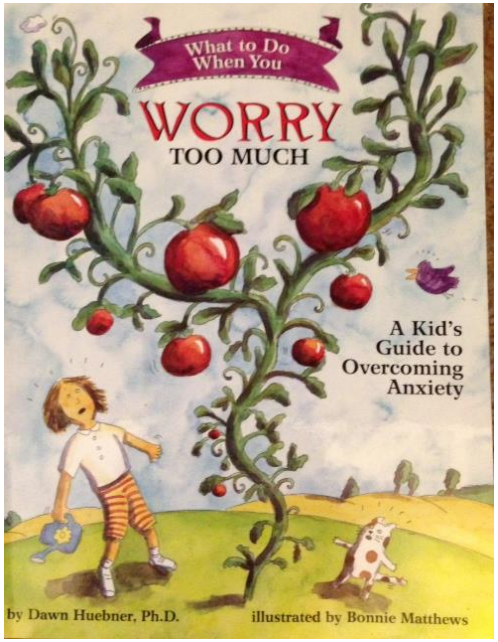
What to Do When You
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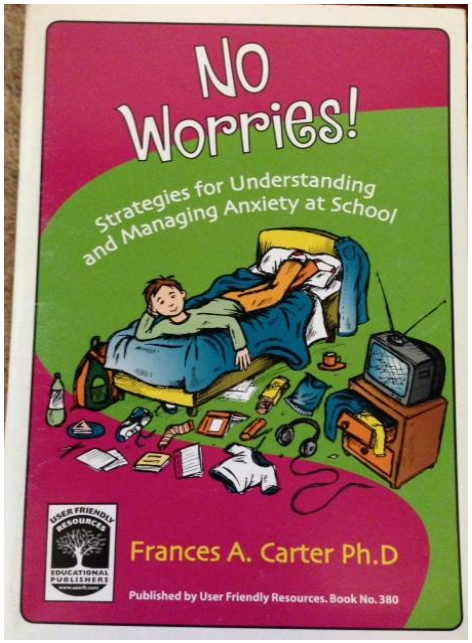
TOO MUCH
A Kid's Guide to Overcoming Anxiety
by Dawn Huebner, Ph.D.
illustrated by Bonnie Matthews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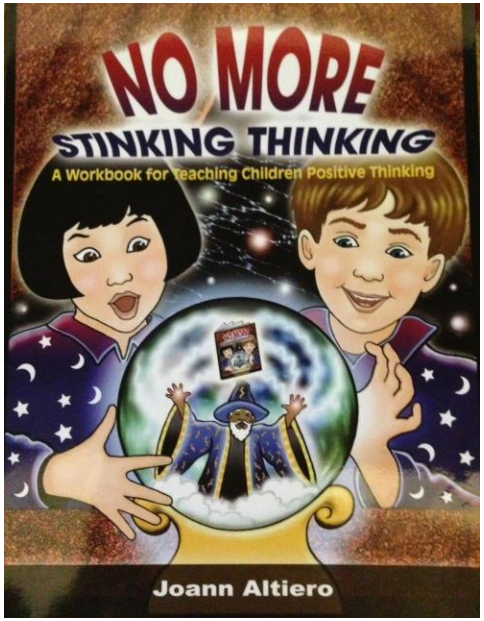
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